. IEI	RNAL TRANSF	REQUEST FOR S.N.		
DATE:	5/11/00	FROM:		(print name)
FORWARD T A. Art Unit: B. Class: C Subclass:	50: 2736 340 310 +	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)	
	KPLANATION IF NEI	cted to power	o transmission	s lines q
DATE:		FROM:		(print name)
FORWARD T A. Art Unit: B. Class: C Subclass: FURTHER EX	O: (PLANATION IF NEI	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)	
DATE:	·	FROM:		(print name)
FORWARD T	O CLASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box) (check box)	
	(PLANATION IF NEE			
DISPOSITION	ON BY 2700 CLA	SSIFICATION		·
DATE:		CLASSIFIER:		
FORWARD TO A. Art Unit: B. Class:	0:	REASON(S): A. You had Parent B. See Title C. See Abstract	(check box) (check box)	
C Subclass:		D. See Claim(s):		

FURTHER EXPLANATION IF NEEDED: